

EPN Access to essential medicines study

Self-assessment survey for church health services

Dear Respondent

Thank you for taking the time to complete this survey. You will receive a report of the national results and plans for follow-up work.

This survey aims to identify the (baseline) level of achievement of the EPN Access to Essential Medicines Guidelines within church-related health services (CHSs) in <NAME OF COUNTRY>. The Access Guidelines are attached here – they aim to promote and facilitate church-related health services' adherence to practices that increase access to essential medicines.

Through identifying where we are today, the survey will inform discussions around how improvements can be made and what support is needed, and should therefore increase access to essential medicines and supplies.

The questionnaire should be completed by the most senior person in the hospital or clinic. However, it is understood that they may need to consult with other members of staff and it is suggested that the questionnaire is completed at a senior management meeting where all parties can contribute to the answers.

Where possible, the form should be completed electronically as a Word document, saved, and returned by email. The text boxes in the document will expand to fit any text you wish to enter.

The results, while being used to help develop next steps, are confidential and no public link will be made between a specific response and a named facility.

Thank you again,

<SIGNATURE>

Returning the questionnaire [EPN partner representative to complete this section]

Please...

Fax to:	
Email to:	
Post to:	

Or arrange for delivery by hand.

Note to survey administrator:

As responses are received, each survey should be assigned a unique number, to enable you to check for duplicates, which can happen with email. You should also, if possible, develop a map showing the location of the organisations that have returned surveys.

Instructions for people completing this tool

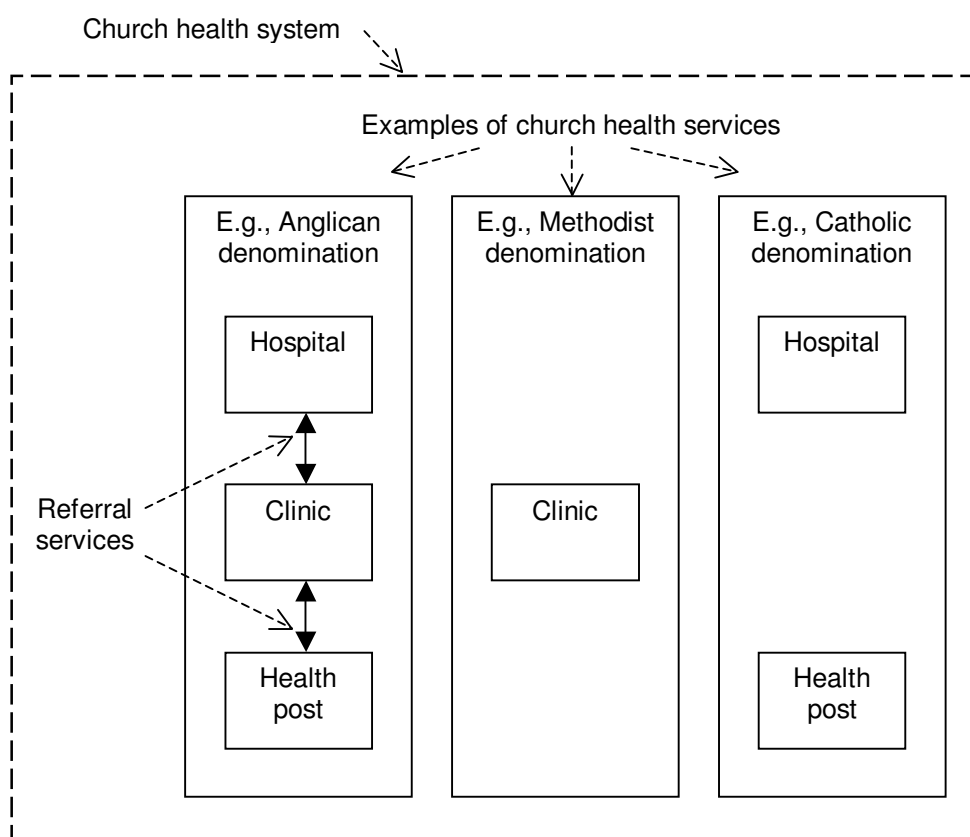
One person should be responsible for completing this survey and returning it. There are no correct answers—we are just trying to understand what is happening in your facility.

Glossary

- CHS represents **church health service**.
- A church health **system** would exist if denominations worked together.

Example of church health services (as used in this study)

[If the diagram is not visible, please select menu option 'View>Print Layout']



- A **hospital** is a facility with 50 or more beds.
- A **clinic** is a facility with between 1 and 49 beds.
- A **health post** is a health provider with no beds.
- A 'no' means "no, the information or thing does not exist" and that you therefore do not know the answer. Please note—this is not a failure and is nothing to be ashamed of—it just helps us to understand what the situation is.
- A 'yes' means that you have this information and that we may come back to you for further details or ask you to tell others how you manage this process.

EPN self-assessment survey for church health services

[If you are completing this form on a computer, this document is a specially 'protected' form so that you can only type in the allowed 'fields', or click on the checkboxes with the mouse to mark an 'X'. You can use the 'TAB' and 'SHIFT-TAB' keys and the scroll bar on the right-hand side to move around.]

1. Who are you?

1.1. Please tell us the name and address of your facility?	
1.1.1. Facility	
1.1.2. Address	
1.1.3. Phone	
1.1.4. Fax	
1.1.5. Email	
1.1.6. Website	
1.1.7. Owning denomination?	
1.2. Please tell us about yourself?	
1.2.1. Your name	
1.2.2. Your profession	
1.2.3. Your job title	

1.3. Please describe the size of your facility.	
1.3.1. Annual budget?	Amount:
1.3.2. Number of beds?	Number:
1.3.3. Annual outpatient numbers?	Number:
1.3.4. Is your facility a...?	Hospital: <input type="checkbox"/> Clinic: <input type="checkbox"/> Health post: <input type="checkbox"/>
1.3.5. What referral services are available to your facility? [Please give full names]	
1.3.6. From where do you receive referrals? [Please give full names]	

2. Drug management

- 2.1. Does your facility comply with best practices for drug management?**
Yes: No:
- 2.2. How often are stock-taking reports on drugs compiled?**
Every (number) days / weeks / months / years

They are not compiled:

2.3. Is there a checklist for good storage conditions for medicines available in your facility?

Yes: No:

2.3.1. If yes, is the checklist used?

Yes: No:

2.4. Do you ever run out of any of the following essential medicines?	Yes	No
2.4.1. Amoxicillin tablets or capsules	<input type="checkbox"/>	<input type="checkbox"/>
2.4.2. Aspirin tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.3. Chlorpheniramine tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.4. Co-trimoxazole tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.5. Ferrous salts	<input type="checkbox"/>	<input type="checkbox"/>
2.4.6. Folic acid tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.7. Mebendazole tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.8. Oral rehydration salts (ORS)	<input type="checkbox"/>	<input type="checkbox"/>
2.4.9. Paracetamol tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.10. Povidone iodine	<input type="checkbox"/>	<input type="checkbox"/>
2.4.11. Procaine penicillin injection	<input type="checkbox"/>	<input type="checkbox"/>
2.4.12. Quinine injection	<input type="checkbox"/>	<input type="checkbox"/>
2.4.13. Sulfadoxine-pyrimethamine tablets	<input type="checkbox"/>	<input type="checkbox"/>
2.4.14. Tetracycline eye ointment	<input type="checkbox"/>	<input type="checkbox"/>
2.4.15. Whitfield ointment (benzoic acid compound)	<input type="checkbox"/>	<input type="checkbox"/>
2.5. [For clinics] Do you ever run out of any of the following essential supplies?		
2.5.1. Gloves examination latex non-sterile disposable	<input type="checkbox"/>	<input type="checkbox"/>
2.5.2. Syringe disposable with needle 10cc	<input type="checkbox"/>	<input type="checkbox"/>
2.5.3. Syringe disposable with needle 5cc	<input type="checkbox"/>	<input type="checkbox"/>
2.5.4. Bandage crepe	<input type="checkbox"/>	<input type="checkbox"/>
2.5.5. Gauze absorbent	<input type="checkbox"/>	<input type="checkbox"/>
2.5.6. Tape plastic adhesive microperforated	<input type="checkbox"/>	<input type="checkbox"/>
2.6. [For hospitals] Do you ever run out of any of the following essential supplies?		
2.6.1. Surgical sutures	<input type="checkbox"/>	<input type="checkbox"/>
2.6.2. Gloves surgical latex rubber sterile	<input type="checkbox"/>	<input type="checkbox"/>
2.6.3. IV giving set	<input type="checkbox"/>	<input type="checkbox"/>
2.6.4. IV cannula 20G	<input type="checkbox"/>	<input type="checkbox"/>
2.6.5. Urine collection bag for adults 2000cc	<input type="checkbox"/>	<input type="checkbox"/>

2.7. How often is expired stock cleared out from the medicine storage facility?

Every (number) days / weeks / months / years (delete as required)

2.8. How are expired medicines destroyed?

2.9. Does your facility have written Standard Operating Procedures for procurement?

Yes: No:

2.9.1. If yes, are they implemented?

Yes: Partially: No:

2.10. Does your facility have written Standard Operating Procedures for receiving delivery of medicines?

Yes: No:

2.10.1. If yes, are they implemented?

Yes: Partially: No:

2.11. Does your facility have written Standard Operating Procedures for issuing of medicines to pharmacies or wards?

Yes: No:

2.11.1. If yes, are they implemented?

Yes: Partially: No:

3. Rational drug use

3.1. Does your facility comply with rational drug use practices?

Yes: No:

3.2. Have you ever carried out a study of the percentage of drugs prescribed in your facility that are on the Essential Drugs List?

Yes: No:

3.2.1. If yes, what was the percentage?

Percentage:

3.3. Have you ever carried out a study of the percentage of the Essential Drugs List that your facility has access to?

Yes: No:

3.3.1. If yes, what was the percentage?

Percentage:

3.4. Have you ever carried out a study of the average number of drugs prescribed per consultation?

Yes: No:

3.4.1. If yes, what was the average number?

Average number:

4. Accessing medicines

4.1. Where do you order drugs and supplies from? [Please list all your main suppliers in order of their importance to you]

4.2. Do you join together with other institutions to order medicines in bulk?

Yes: No:

4.2.1. If yes to 4.2, what is the main reason for doing this?

4.2.2. If yes to 4.2, please name the other institutions.

4.3. Do you undertake your own price negotiations with producers or importers?

Yes: No:

4.4. How happy are you with the service provided by your **MOST IMPORTANT medicine supplier**? [Please indicate a number between 1 and 10, where 10 is the best score]

4.4.1. In terms of availability of items?	Score:
4.4.2. In terms of costs?	Score:
4.4.3. In terms of delivery mechanism?	Score:

4.5. How happy are you with the service provided by your **SECOND most important medicine supplier**? [Please indicate a number between 1 and 10, where 10 is the best score]

4.5.1. In terms of availability of items?	Score:
4.5.2. In terms of costs?	Score:
4.5.3. In terms of delivery mechanism?	Score:

4.6. Are the full range of essential drugs and medicines that you require available from this or these sources?

Yes: No:

4.7. Does your facility comply with the interagency drug donations guidelines?

Yes: No:

4.8. Does your facility accept drug donations?

Yes: No:

4.9. Who do drug donations mainly come from?

4.10. Are these drug donations labelled in a language that is understood by your staff and patients?

Always: Usually: Rarely: Never:

4.11. Do you have a copy of international or national drug donation guidelines?

Yes: No:

5. For hospitals (over 50 beds) only

5.1. Does your hospital have a functioning Drug and Treatment Committee (DTC)?

Yes: No:

If yes to 5.1, ...

5.1.1. How often does it meet?

Every (number) days / weeks / months / years (delete as required)

5.1.2. Are minutes kept at each meeting?

Yes: No:

5.1.3. Please list the job titles of the members of this committee.

5.1.4. Does the committee have a formal terms of reference or charter that describes its functions and responsibilities?

Yes: No:

5.1.5. What was the date of the last meeting?

Date: __ / __ / __ (dd/mm/yy)

5.1.6. Has this committee adapted the essential drugs list to fit local needs?

Yes: No:

5.2. Does your facility have a copy of written standard treatment guidelines?

Yes: No:

5.2.1. If yes, are they implemented?

Yes: Partially: No:

5.3. Do you have a printed copy of your own locally-adapted formulary?

Yes: No:

6. Reaching the people

6.1. Do you know what a revolving drug fund is?

Yes: Not sure: No:

6.2. Does your hospital or clinic use a revolving fund system?

Yes: No:

6.3. Does your hospital or clinic help people who cannot afford the costs of seeking or receiving treatment?

Yes: No:

6.3.1. If yes, please describe how.

6.4. What percentage of people seeking health treatment at your facility in the end cannot pay?

Percentage:

6.5. Do you have a rule governing the maximum number of items per prescription?

Yes: No:

6.5.1. If yes, what is the maximum number?

Number:

6.6. What percentage of funds for your facility is financed by user fees?

Percentage:

6.7. What percentage of funds for your facility is financed by sales of medicines?

Percentage:

6.8. What percentage of funds for your facility is financed by funds from the church?

Percentage:

6.9. Does your facility contribute funds to the church?

Yes: No:

6.10. How does your facility set the price people must pay for...

6.10.1. Medicines?

6.10.2. Consultation?

6.11. What percentage of the population in the area you serve can afford the prices you charge for...

6.11.1. Medicines?

Percentage:

6.11.2. Consultation?

Percentage:

6.12. If a particular medicine suddenly cost your facility less, would you...

6.12.1. Reduce the price you charge for it?

Yes: No:

6.12.2. Keep the price the same and use the additional income somewhere else in the health facility?

Yes: No:

6.12.3. Keep the price the same and use the additional income for the church?

Yes: No:

6.13. Does your facility have...

6.13.1. An exemption of charges for certain types of people?

Yes: No:

6.13.1.1 If yes, please specify who for.

6.13.2. A system of different prices for different people relating to their ability to pay?

Yes: No:

6.13.2.1 If yes, who decides on a person's ability to pay?

6.14. What percentage of the overall salary costs for your facility are paid by the government?

Percentage:

6.15. Does the government subsidise any of the medicines you provide?

Yes: No:

7. **Management activities**

7.1. Does your facility have an annual planning process that identifies such things as budgets, shortfalls, targets, or plans for growth or improvement?

Yes: No:

7.2. How long do you think your facility can survive and maintain standards with current levels of funding?

7.3. Are the following available for your facility...

7.3.1. Audited financial statements?

Yes: No:

7.3.1.1 If yes, do they address the pharmacy-related activities separately from other activities?

Yes: No:

7.3.2. Annual reports?

Yes: No:

7.3.2.1 If yes, do they address the pharmacy-related activities separately from other activities?

Yes: No:

7.3.3. Written staff recruitment policy?

Yes: No:

7.3.3.1 If yes, is it implemented?

Yes: Partially: No:

7.3.4. Written policy on monitoring and evaluation of the work of the facility?

Yes: No:

Not sure what monitoring and evaluation is:

7.3.4.1 If yes, is it implemented?

Yes: Partially: No:

7.4. Is there a system to involve people from the community in the design of services?

Yes: No:

If yes, ...

7.4.1. Please describe how the community is involved.

7.4.2. What has been the main issue raised by the community?

7.5. Does your facility have a board or committee made up of people other than staff who have overall responsibility for the running of the facility?

Yes: No:

If yes, ...

7.5.1. Who sits on this board or committee and what are their professions?

7.5.2. Have members of this board received any training, in the last five years, to help them carry out their functions on the board or committee?

Yes: No:

7.5.3. What information reports do they receive?

7.5.4. How often do they meet?

Every (number) days / weeks / months / years (delete as required)

7.6. Does your clinic or hospital have a plan for what to do in the event of a large scale natural disaster such as flooding or conflict based emergencies?

Yes: No:

7.6.1. If yes please describe what kind of disasters?

8. Pharmacy issues

8.1. What percentage of your pharmaceutical personnel were trained in pharmaceutical areas by the government?

Percentage:

8.2. How many pharmaceutically-trained people work in your facility?

	Pharmacists	Pharmaceutical technicians	Pharmaceutical assistants	Staff with any other pharmaceutical training, e.g., pharmaceutically trained nurse
8.2.1. Total number				

				Staff with any other pharmaceutical training, e.g., pharmaceutically trained nurse
	Pharmacists	Pharmaceutical technicians	Pharmaceutical assistants	
8.3. How many of the people counted in 8.2.1 are trained in the following areas?				
8.3.1. Quantification of drug needs				
8.3.2. Drugstore management				
8.3.3. Quality assurance				
8.3.4. Rational drug use				
8.3.5. Unit costing				
8.3.6. Record and data management				
8.3.7. Appropriate financial management				
8.3.8. Compounding of drugs (e.g., syrups and ointments)				
8.3.9. Dispensing				

	Yes	No
8.4. Is any of the following information available in THE PHARMACY AREA?		
8.4.1. Essential Drugs List (national or WHO)	<input type="checkbox"/>	<input type="checkbox"/>
8.4.2. National (or WHO) formulary	<input type="checkbox"/>	<input type="checkbox"/>
8.4.3. Standard treatment guidelines	<input type="checkbox"/>	<input type="checkbox"/>
8.4.4. New and obsolete drugs list	<input type="checkbox"/>	<input type="checkbox"/>
8.4.5. List of drugs registered in the country	<input type="checkbox"/>	<input type="checkbox"/>
8.4.6. International medicines pricing indicators	<input type="checkbox"/>	<input type="checkbox"/>
8.4.7. Managing drug supply manuals.	<input type="checkbox"/>	<input type="checkbox"/>
8.5. Is any of the following information available in YOUR FACILITY?		
8.5.1. National drug policy	<input type="checkbox"/>	<input type="checkbox"/>
8.5.2. DTC/PTC guidelines	<input type="checkbox"/>	<input type="checkbox"/>
8.5.3. WHO essential medicines publications	<input type="checkbox"/>	<input type="checkbox"/>
8.5.4. Rational drug use information	<input type="checkbox"/>	<input type="checkbox"/>

8.6. Is there a regular assessment of pharmaceutical unit work?

Yes: No:

8.6.1. If yes, how often?

Every (number) days / weeks / months / years (delete as required)

8.7. Are pharmaceutical functions and needs discussed at all levels in the facility?

Yes: No:

8.7.1. If no, why not?

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